

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

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Notice: This form is authorized under ss. 292.65 Wis. Stats., and ch. NR 169, Wis. Adm. Code. Use of this form is required by the Department for any application filed pursuant to ss. 292.65 Wis. Stats. and Ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: Read the instructions that accompany this form. You may apply for costs incurred October 14, 1997 to present. Submit this form with its attachments to your DNR Project Manager.

| Applicant Information | | | | Application Type | |
|---|--|------------|--|---|--|
| Applicant Name | | | | Type of Response Action costs included in this application: (select all that apply) | |
| Business Name | | | | <input type="checkbox"/> Immediate | |
| Mailing Street Address and PO Box | | | | <input type="checkbox"/> Site Investigation | |
| City | | | | <input type="checkbox"/> Interim Action | |
| State | | ZIP Code | | <input type="checkbox"/> Remedial | |
| Telephone Number | | Fax Number | | This reimbursement request is a: (select one) | |
| E-Mail Address | | | | <input type="checkbox"/> Partial Request – Number: _____ | |
| Applicant is: (select one) | | | | <input type="checkbox"/> Final Request | |
| <input type="checkbox"/> Owner under s. 292.65(1)(i), Wis. Stats. | | | | Response Actions Time Period (for this | |
| <input type="checkbox"/> Operator under s. 292.65(1)(h), Wis. Stats. | | | | Note: Start date may not overlap previous time period. | |
| <input type="checkbox"/> Property owner of a facility licensed after October 14, 1997 under s. 292.65(1)(i)3. | | | | Actions Start Date | |
| | | | | Actions End Date | |

| Agent Information (if applicable) | | | | | |
|-----------------------------------|--|--|------------------|--|------------|
| Agent Name | | | Title | | |
| Business Name | | | Telephone Number | | Fax Number |
| Mailing Street Address and PO Box | | | City | | State |
| | | | | | ZIP Code |

| Payment Assignment—Complete if reimbursement requested on this application should be made to a person who loaned money to the applicant | | | | | |
|---|--|---------------|--|------------------|--|
| Contact Name | | Business Name | | Telephone Number | |
| | | | | Fax Number | |
| Mailing Street Address and PO Box | | City | | State | |
| | | | | ZIP Code | |

Multiple Responsible Persons

If more than one owner or operator is eligible for reimbursement from the program for costs related to one or more discharges at this facility, a reasonable effort must be made to notify every potentially eligible applicant prior to filing an application for reimbursement.

☐ Check here if there are no other eligible persons to notify.

If there are other responsible persons eligible for reimbursement from the program associated with this site, complete the following for each. To report more than two responsible persons, attach a sheet with the additional information.

| | | | | | |
|-----------------------------------|--|------------------|--|-------|----------|
| Name | | Telephone Number | | | |
| Mailing Street Address and PO Box | | City | | State | ZIP Code |
| | | | | | |
| Name | | Telephone Number | | | |
| Mailing Street Address and PO Box | | City | | State | ZIP Code |
| | | | | | |

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Dry Cleaner Site Information

| | | |
|---|---|---|
| Name of Dry Cleaner Facility (or former facility) | Dry Cleaning Facility Construction Date, if known | Was the facility constructed after October 14, 1997? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|

Have the following enhanced pollution prevention measures been implemented?

- All wastes that are generated at the dry cleaning facility and that contain dry cleaning solvent are managed as hazardous wastes in compliance with ch.291 and 42 USC6901 to 6991i. ☐ Yes ☐ No
- Dry cleaning solvent or wastewater from dry cleaning machines are not discharged into any sanitary sewer or septic tank or into the waters of this state. ☐ Yes ☐ No
- Each machine or other piece of equipment in which dry cleaning solvent is used, or the entire area in which those machines or pieces of equipment are located, is surrounded by a containment dike or other containment structure that is able to contain any leak, spill or other release of dry cleaning solvent from the machines or other pieces of equipment. ☐ Yes ☐ No
- The floor within any area surrounded by a dike or other containment structure under 3 above is sealed or is otherwise impervious to dry cleaning solvent. ☐ Yes ☐ No
- All perchloroethylene is delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system. ☐ Yes ☐ No

| | | | | | |
|--|-------------------------------|--|-------------------------|----------|-----------|
| Is the facility currently operating at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, Date Operations Ceased | Most Recent Department of Revenue License Date | Dry Cleaner License No. | | |
| Property Location-Street | City | ZIP Code | County | Latitude | Longitude |

Discharge Information

| | | |
|---|--|-----------------------------|
| When did the discharge occur? (select one) <input type="checkbox"/> Date: _____ <input type="checkbox"/> Historical, I don't know | What products were released at the discharge site: (select all that apply) <input type="checkbox"/> Perchloroethylene <input type="checkbox"/> Petroleum Solvents <input type="checkbox"/> Other, specify: _____ | |
| Have there been actions taken to address a previous discharge at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, has an NR 726 case closure been issued for the past discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Closure Letter Date |

Consultant(s) – Attach Completed Bid Proposals Summary Sheet(s) and Accepted Proposal(s)

| | | | |
|--------------|---------------|--------------|---------------|
| Contact Name | Business Name | Contact Name | Business Name |
|--------------|---------------|--------------|---------------|

Insurance Information

At the time the discharge occurred: (select one)

- ☐ There were no insurance policies in effect.
- ☐ Policies were in effect, but no claims were made.
- ☐ Policies were in effect but coverage was denied. Enclose a copy of the insurance company's denial of coverage letter.
- ☐ Policies were in effect that covered part of the clean-up costs. Enclose detailed documentation that indicates the specific invoices or costs that were covered and not covered by insurance. If a specific agreement was reached regarding the insurance settlement, enclose a copy.
- ☐ Policies were in effect and an insurance claim is pending.
- ☐ Insurance coverage has not changed since the last application submitted to the Dry Cleaner Environmental Response Program for this discharge.

If insurance policies were in effect, list companies, policies and effective dates. If needed, attach separate sheet of paper.

Other Sources of Reimbursement

| | | |
|--|----------------------|------------------|
| Have you applied for or will you apply for reimbursement from any other program for response action costs associated with this discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Program Name | Application Date |
|--|----------------------|------------------|

Application Certification

To the best of my knowledge and belief, all data in this application are true and correct. I have made a reasonable effort to notify all potentially eligible owners and operators of the site that this application is being filed.

| | | | |
|------------------------------|-------|--------------|------|
| Applicant or Agent Signature | Title | Company Name | Date |
|------------------------------|-------|--------------|------|

Department Use Only

| | | |
|---------------------------|-------------------------------|--------------|
| Application Received Date | DNR Project Manager Signature | BRRTS Number |
|---------------------------|-------------------------------|--------------|